



00374793

COLORADO OIL & GAS CONSERVATION COMMISSION

NORTHEAST REGION INSPECTION REPORT

<input checked="" type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION				337 CAMBRIDGE STREET BRUSH, CO 80723 (970)-842-4465			
API No. 05- <u>075 - 06357</u>			LEASE NAME: <u>MT. Hope 46</u>				
LOCATION: <u>NESW 30-9N-53W</u>			OPERATOR: <u>Duncan Energy</u>				
DATE: <u>11-12-98</u>			INSPECTOR: ED BINKLEY MOBIL (970)-380-2683				
INSP TYPE <u>ID</u>	INSP STATUS <u>TA</u>	PA <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	PASS/FAIL P <input checked="" type="radio"/> F <input type="radio"/>	VIOLATION <input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/>	NOV <input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> <u>11/16</u>		
UIC VIOL TYPE UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT <input type="checkbox"/>		TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>		ALL UIC VIOLATIONS REQUIRE NOAVS		
Well ID Signs (Rule 210) <input type="checkbox"/>		Fences (Rule 604.C.(3), 1003.A) <input type="checkbox"/>					
Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY		PRODUCED WATER PITS TOTAL # _____ OIL ACCUMULATION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SKIMMING/SETTLING PITS TOTAL # _____ COVERED # _____ UNCOVERED # _____ SPECIAL PURPOSE PITS TOTAL # _____ LINED # _____ UNLINED # _____ COMMENTS/SIZE _____					
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO							
Tank Battery Equipment (Rule 604)		<input type="checkbox"/> BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER					
Fire Walls/Berms/Dikes (Rule 604)		<input type="checkbox"/>					
General Housekeeping (Rule 603.G)		<input checked="" type="checkbox"/> <u>Br casing w/ 2" valve, no equipment</u>					
Spills (Oil/Water) (Rule 908)		<input type="checkbox"/>					
UIC ROUTINE INSPECTION FILL OUT FORM 21 WHEN WITNESSING MIT		INJ PRESSURE _____ PSIG T-C ANN PRESSURE _____ PSIG BRHD PRESSURE _____ PSIG		COMMENTS			
Drilling Well/Workover (Rule 315)		<input type="checkbox"/>					
Surface Rehabilitation (Rule 317)		<input checked="" type="checkbox"/> <u>grass</u> <u>casing with valve, no equipment</u>					
Miscellaneous		<input type="checkbox"/> <u>cement pump base -</u> <u>Requires MIT.</u>					
CORRECTIVE ACTION REQUIRED: <u>Comply with Rule 326 b.</u> <u>MIT & submit form 21, or plug well & restore site</u> Date Corrective Action Required By: <u>5-30-99</u> Date Remedied:							

This report is a Notice of Inspection. The Commission requires that you correct any deficiencies shown on this report in a timely manner. Failure to comply may result in enforcement action by the Commission.